



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

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ATTACHMENT TO APPLICATION FOR LICENSURE AS A PSYCHOLOGIST *Attachment B • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	Describe below, in detail, the training program and/or psychological duties of the supervisee.					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

(Continued from other side)

Please answer the following questions:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or county during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status at any time during the period of supervision? If so, list the delinquent dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____